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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Viet Nam

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for the country programme of Viet Nam. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $4,998,000, subject to the availability of specific-purpose contributions, for the period 2002 to 2005.

The situation of children and women

1. The situation of children and women in Viet Nam has improved considerably over the past decade. The under-five mortality rate has declined from 55 to 42 per 1,000 live births, the country has been declared polio free since 2000, and micronutrient deficiencies have been reduced. Substantial progress has also been made in expanding access to safe drinking water, improving sanitation, and increasing primary school enrolment and completion rates.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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2. While such trends are encouraging, a number of factors place many of these achievements at risk. There are ever-increasing gaps between the rich and the poor, and between rural and urban populations. Ethnic minorities have not shared in many of the benefits of the past decade's developments owing to social and cultural divisions. Malnutrition, high maternal mortality, poor sanitation and hygiene, low access to quality primary education, the threat of the spreading HIV/AIDS epidemic and the increasing number of children in need of special protection remain major concerns for Vietnamese children, particularly those living in remote and disadvantaged areas.

3. In addition to those concerns, injuries, caused by accidents, are emerging as the leading cause of death and disability for Vietnamese children and adolescents. It is estimated that such accidents seriously injure 5,000 children every week and lead to the deaths of approximately 50,000 children every year. The leading causes of accident-related deaths are traffic accidents, drowning, poisoning (especially pesticide poisoning), falls and electrocution. In some regions, landmines and unexploded ordnance (UXO) also lead to death and disability. There are many more cases of resulting disabilities for every life lost to an accident, but awareness of injury prevention is extremely low among the general population, with the poor especially vulnerable.

Programme cooperation, 2001-2005

4. The programme of cooperation for 2001-2005, approved by the Executive Board at its second regular session of 2000 (E/ICEF/2000/P/L.13/Add.1), aims to support national efforts to further advance the rights of children and women. UNICEF contributes directly to the achievement of these goals in a limited number of selected districts through the coordinated implementation of its sectoral programmes/projects and, on a national scale, through advocacy and support to select national policies, and by leveraging resources from other partners.

5. The programme of cooperation is comprised of six major sectoral programmes that address the most serious impediments to the realization of children's and women's rights: communication; health and nutrition; water and sanitation; basic education; rights promotion and child protection; and planning, monitoring and evaluation. Programme strategies are implemented at three operational levels:

(a) At family and community levels: providing families with adequate knowledge, skills and support to enable them to ensure the survival, growth and development of their children; to protect their children from neglect, abuse and exploitation; and to improve maternal and youth health practices;

(b) At the service provider level: increasing the availability, utilization and quality of basic social services by increasing community participation in the management of these services at the local level; and providing the necessary technical and supply support;

(c) At national and policy levels: encouraging and supporting national institutions and mass organizations in creating the policy conditions and support systems necessary for the successful implementation of projects at family and service provider levels.

6. The programme of cooperation addresses injury prevention by promoting a safe environment at family and community levels, as well as by reinforcing the capacity of basic social services to provide adequate information and education, and to support families and communities in adopting preventive measures. Activities are implemented in the target districts, and are integrated into the health and nutrition, rights promotion and child protection, and basic education sectoral programmes. Injury prevention has also been incorporated into the National Plan of Action for Children (2001-2010) approved by the Prime Minister.

Justification for additional funds

7. The problem of accidents and injuries in Viet Nam deserves a comprehensive national response that requires immediate investments in different sectors and at all levels of implementation. These investments exceed the geographical scope and resource allocation of the current approved country programme.

8. The Government and key development partners have shown their commitment and willingness to participate in injury prevention through the recent launching of the Safe Viet Nam Initiative. This initiative is a nationwide effort to increase awareness of safety issues among the general public as well as to reduce death and disability caused by preventable injuries. The fact that the donor community has requested UNICEF to liaise with the Government on this initiative provides UNICEF Viet Nam with the opportunity to expand its assistance in the areas of accident and injury prevention beyond the activities planned as part of the approved country programme.

9. In response to this interest, UNICEF has developed a project proposal to support the Government in implementing a more comprehensive strategic approach to injury prevention. This approach includes activities that complement those already ongoing in the approved country programme and focuses on geographic areas where accidents and injuries are especially frequent. These areas are not necessarily part of the districts targeted by the approved country programme.

10. The main goal of the **injury prevention** project is to reduce the incidence of fatal injuries, permanently disabling injuries and serious (but not disabling) injuries among Vietnamese children in the target areas by 33 per cent in the next five years. Specific objectives include: (a) creating safety awareness among the general public; (b) changing attitudes among children, parents/caretakers, and local and national leaders on safety and injury prevention; (c) modifying the behaviour of adults and children in an effort to reduce child and adolescent deaths and disabilities due to injuries; (d) modifying aspects of the physical environment that predispose children to injuries by deploying needed safety devices that protect children from being injured; and (e) influencing policy on issues related to safety as well as fostering ad hoc injury prevention legislation and its enforcement.

11. The primary target populations are children and their parents/caretakers. Secondary target groups include local and national leaders, community facilitators and the general public. The project will cover districts within the current country programme, as well as other areas and selected urban and heavy traffic hub sites that are not covered by the approved programme.

12. In order to achieve the above objectives, the project will employ the following strategies:

(a) Improving the evidence base through better data collection: by developing a reliable database that reports on injuries and the attitudes and practices of target groups; filling information gaps to enable the design of effective interventions; and setting up an injury surveillance system. A special effort will also be made to collect information related to mines and UXO injuries in affected areas;

(b) Advocacy and the development of policies, legislation and regulations: by assisting the Government to draft policies and legal instruments on safety and injury prevention; mobilizing decision makers to act responsibly on safety issues; and finalizing the National Child Safety and National Safety and Injury Prevention plans. UNICEF will also encourage the Government to sign and ratify the Ottawa Convention, which prohibits the use, stockpiling, production and transfer of anti-personnel mines;

(c) Increasing the target groups' understanding of injury: implementing activities to educate schoolchildren, parents, caretakers and the general public on injury prevention through various channels, including schools, communities and the mass media;

(d) Changing the physical environment: by removing injury risk factors from the environment surrounding children; training community volunteers to inspect homes, day-care centres and schools; and improving existing hazardous conditions;

(e) Design, production and deployment of safety devices: by piloting and introducing the use of injury protective devices; and carrying out the necessary information, education and communication activities to convince the public to utilize these devices, and to support research in this area;

(f) Intersectoral collaboration: by helping to coordinate the national coalition of partners working on safety and injury prevention; arriving at a common agenda (with specific actions to which each partner will commit); and expanding partnerships with the private sector.

13. In order to closely monitor activities and the resulting changes in the knowledge, attitudes and practices of the target populations, the existing community-based monitoring approach, already used as part of the health and nutrition sectoral programme, will be expanded to the new project areas.

14. The project will be implemented in close collaboration and coordination with government departments and partners of the Safe Viet Nam Initiative, including, inter alia, the United States Embassy in Hanoi, the Swedish International Development Authority, the United States Centers for Disease Control and Prevention, the World Health Organization, local non-governmental organizations and mass organizations. Private sector representatives, particularly manufacturers of products that have the potential to cause injuries, will also be involved.

15. Project activities will complement those within the approved country programme, particularly in the communication, health and nutrition, child protection and education programmes. At the national level, implementation of activities will be coordinated as part of the Safe Viet Nam Initiative through an intersectoral committee chaired by the Deputy Prime Minister, and within the UNICEF country office through an intersectoral task force.

Estimated annual expenditure

(In thousands of United States dollars)

	2002	*2003*	*2004*	*2005*	*Total*
Injury prevention	1 801	1 170	982	1 045	4 998

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Recommendation for funding for a short-duration country programme**

Bosnia and Herzegovina

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Bosnia and Herzegovina with a duration of three years. The Executive Director *recommends* that the Executive Board approve the amount of $1,881,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2004.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	0.9
U5MR (per 1,000 live births)	13
IMR (per 1,000 live births)	11
Underweight (% moderate and severe) (2000)	4
Maternal mortality ratio (per 100,000 live births) (1990)	10
Literacy (% male/female) (2000)	98/91
Primary school attendance (% net, male/female) (2000)	94/95
Primary school children reaching grade 5 (%) (2000)	99
Use of improved drinking water sources (%) (2000)	98
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	1 210
One-year-olds fully immunized against (2000):	
Tuberculosis	95 per cent
Diphtheria/pertussis/tetanus	88 per cent
Measles	64 per cent
Poliomyelitis	85 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. Bosnia and Herzegovina remains politically and socially fragmented since the break-up of the former Yugoslavia and the end of the war in 1995. Besides a state-level Government with limited power, there are two ethnically defined entities, one of which is further divided into 10 cantons. Administrative resources and capabilities vary greatly among the various levels of Government. Nationalist parties, which have remained in power since the end of the war, are still strong, and it is difficult to formulate and implement common policies across the country due to the lack of planning mechanisms. The country remains in transition between pre-war socialist political and economic systems and the more democratic and open market systems necessary for integration with the rest of Europe. Organizations created by the international community wield ultimate authority, often ruling by decree. The viability of structures and policies instituted and funded by the international community is uncertain.

2. Economic conditions have improved somewhat since the Dayton Peace Accords, largely as a result of donor spending, but not at a rate sufficient to significantly reduce unemployment, which is over 40 per cent, and to lead to self-sustained growth. Over 1 million people remain internally displaced or as refugees

abroad. Social sector spending for health and education remain low as government revenues are limited, and there is a continued high level of military expenditures.

3. Low pre-war levels of child mortality and morbidity have been maintained and, in some cases, further reduced despite disruptions of the war and subsequent impoverishment of much of the population. Infant and under-five mortality rates were reported to be 11 and 13 per 1,000 live births, respectively. Nearly all births are attended by trained personnel, and the maternal mortality ratio is reported to be 9 per 100,000 live births. The country is on track to be certified polio free in 2001. Survey data indicate that child nutrition is not a problem, but health staff report that a significant number of pregnant women are anaemic. Further efforts are needed to ensure the universal use of iodized salt.

4. The situation of women in the post-war period has deteriorated due to poverty, economic transition, disruption of services and an increasing trend towards a more limited role for women in public life. Disparities between the position of women in rural and urban areas are increasing. There are no registered disparities in drop-out rates between girls and boys within the education system, although adult female literacy is lower. There are a significant number of female-headed households due to the war. Trafficking of increasingly younger women is a growing problem.

5. There are limited programmes for pre-school children. While considerable progress has been made in physical reconstruction, a number of quality issues remain for curriculum and teaching methodologies. Schools and their counselling services could also do a better job of imparting life skills, particularly with regard to the still largely hidden HIV/AIDS problem and substance abuse. An estimated 1 million landmines remain, and efforts are needed to supplement school-based activities with greater community and media involvement. Children's rights are often not met in institutional settings. There is low compliance with existing juvenile justice legislation. Child care in hospitals often involves physical restraints and separates children from parents. Domestic violence remains widespread, and legal recourse is limited.

Programme cooperation, 1999-2001

6. The previous country programme (E/ICEF/1998/P/L.35) had five objectives: (a) to ensure the delivery of critical services without ethnic or gender discrimination; (b) to ensure that social sector services were restructured through innovative strategies and capacity-building; (c) to empower non-governmental organizations (NGOs), communities and families by enhancing their knowledge and capacities; (d) to support parental awareness and life skills development for children; and (e) to promote children's participation. The country programme was comprised of health, education, children in need of special protection measures, and social mobilization and information programmes. The overall strategy was to develop the capacity to deal with protection issues created by the war and to further child participation. Capacity-building was complemented by limited service delivery support, particularly in the health sector.

7. Primary health care services were supported through the provision of essential drugs, defining standards and designing protocols for the Integrated Management of Childhood Illness. There was substantial support for the expanded programme on immunization through the provision of vaccines and cold-chain equipment, in

addition to training, with the result that immunization coverage rates recovered to pre-war levels. Polio eradication was furthered through National Immunization Days, training and equipment. There have been no confirmed polio cases for over five years. The elimination of iodine deficiency disorders was furthered through the provision of iodization equipment to the national salt factory and clinical studies throughout the country. The Baby-Friendly Hospital Initiative was expanded to 11 hospitals, in conjunction with education classes for pregnant mothers and promotion of the International Code of Marketing of Breast Milk Substitutes. The Code became law in one entity.

8. The education programme helped to improve the quality of instruction in primary schools through support for the pre-service and in-service training of teachers and health/life skills promotion. Interactive learning methodologies were promoted in primary schools and pedagogical institutes in both entities. Two pilot projects were expanded to 10 schools by the end of 2001. Non-formal education emphasized life skills, the risks of substance abuse and HIV/AIDS prevention. A national programme of mine awareness through schools, media, theatre, sports clubs and community groups was implemented successfully, covering all primary schools and over 90 per cent of high schools.

9. School counselling services throughout the education system in both entities deal with trauma and other war-related reactions in 30 schools for trauma-related interventions and 62 schools for other counselling services. Community-based child and adolescence psychology and mental health services were also supported, as well as the training of health personnel in the identification of children at risk. UNICEF helped to establish a database on all children without parental care with the involvement of all central and local ministries and centres for social work. Foster care services were supported through material assistance to foster families. UNICEF supported the establishment of educational services for children with disabilities within the regular school system, methods for early detection and support to children in institutions. An innovative programme to improve child care in hospitals was initiated in six hospitals and expanded to 13 over three years.

10. UNICEF provided support for completion of the long overdue report to the Committee on the Rights of the Child, which was submitted in 2001. Substantial support was provided to NGOs and various media to increase understanding of child rights. Rights and juvenile justice issues were investigated in cooperation with ombudsman offices and professional associations through an inventory of child rights in all cantons of one entity. NGOs were also supported to investigate and provide assistance in cases of rights violations. Young peoples' health and development were supported through various media activities, including messages developed by children and youth. Programmes were developed jointly within both entities for television and radio, with special programmes for refugees from Kosovo. A National Plan of Action preparation process was initiated, in cooperation with government agencies and civil society organizations, establishing 10-year objectives to be achieved for children.

11. An end-decade multiple indicator cluster survey (MICS) was completed for both entities and for the country as a whole, providing the first reliable data on children and women since before the war. A national report on progress towards the World Summit for Children goals was also submitted.

Lessons learned from past cooperation

12. It proved possible to involve partners from all political and ethnic groups at the professional level when goals and methods were clear, despite the serious fragmentation of political and social structures, enabling integrated national coverage for some projects. Similarly, it proved possible to create inter-entity consensus on and ownership of child rights issues when a bottom-up approach was used, although this required patience due to the length of time and staff investment required.

13. The overall policy environment is dominated by the international community, while programme implementation is highly fragmented among government levels. However, it was possible to reach a working understanding on local priorities sufficient to maintain consistency of objectives and inputs throughout the country. The UNICEF approach of working closely with communities, including parents' associations, also reinforced support for priorities. Coordination of government agencies and donors was limited, and ad hoc measures were and are likely to remain necessary in the future.

14. Political or administrative constraints often precluded effective government intervention. Although most NGOs were at an early stage of development, it proved possible to build capacity while increasing programme coverage and effectiveness, particularly when involving youth organizations.

Recommended programme cooperation, 2002-2004

	Estimated annual expenditure (In thousands of United States dollars)			
	2002	*2003*	*2004*	*Total*
Regular resources				
Child development	150	150	150	450
Child protection	150	150	150	450
Policy and advocacy development	177	177	177	531
Cross-sectoral costs	150	150	150	450
Subtotal	**627**	**627**	**627**	**1 881**
Other resources				
Child development	1 200	1 000	800	3 000
Child protection	1 600	1 400	1 100	4 100
Policy and advocacy development	495	395	395	1 285
Cross-sectoral costs	205	205	205	615
Subtotal	**3 500**	**3 000**	**2 500**	**9 000**
Total	**4 127**	**3 627**	**3 127**	**10 881**

Country programme preparation process

15. The planning process began with the mid-term review (MTR) in 2000, which analysed all programme components through internal and external evaluations and involved all government, United Nations and partner agencies. A two-day workshop set out general priorities for the next programme. Further discussions were held with counterparts in conjunction with internal planning meetings. The situation analysis, MICS and end-decade report were completed in the first half of 2001. United Nations agencies completed a common country study which informed the situation analysis, and donors also contributed to the final design of the country programme.

Country programme goals and objectives

16. The overall goal of the country programme is to build government and civil society capacity to monitor and protect children's rights. This will involve shared funding of activities and strengthened partnerships to ensure sustainability, resulting in increasingly greater counterpart responsibility for implementation. The programme will work to mainstream gender awareness and analysis in policy, planning and implementation.

17. Equal access to basic services and protection by all ethnic and social groups throughout the country is a fundamental objective of all programmes. The objective of education is to support children's development in all stages of childhood through the progressive realization of the principles embodied in the Convention on the Rights of the Child. While increased capacity and self-reliance of government and civil society organizations are basic health objectives, increased service delivery coverage will continue to be necessary in areas still suffering from war damage. For child protection, the objective is to ensure that protection concerns are integrated into social policy and routine government programmes.

18. The programme will give greater emphasis to influencing policy at various levels of Government and among the international community to ensure greater priority for children in resource allocation and policy formulation.

Relation to national and international priorities

19. National programme and budget priorities vary considerably and are determined at entity and cantonal levels. Considerable flexibility will be necessary to adapt to local interests and frequent political changes. Within the framework of the Convention on the Rights of the Child, the Convention on Elimination of All Forms of Discrimination against Women and the evolving organizational priorities, UNICEF will build on its past experience in building inter-entity cooperation and further expand those activities which promote uniform access and standards throughout the country. There is a national health strategy, and UNICEF will support those areas related to family medicine. A social protection policy is under development, and UNICEF will continue to advocate for the interests of children to be integrated in that policy.

Programme strategy

20. This short-duration programme will complete the shift from emergency assistance, which has characterized cooperation since the beginning of the war in 1992, to sustainable rights-based cooperation. The country programme activities will comprise into three components: child development; child protection; and policy and advocacy development. The overall strategy is capacity development to ensure sustainable monitoring and protection of child rights, with particular attention to participatory programme approaches. Sustainability will derive from a partnership with counterparts, which will require increased resources from national sources. Some service delivery will be available for areas where remaining war damage require continued assistance to assure access to basic health and education services. A major focus of the programme will be to undertake analysis and social mobilization in order to ensure that the highest priority is accorded to children's and women's rights.

21. **Child development**. The rights of children from early childhood through youth will be promoted through education, health, access to basic services and youth development projects, which will promote the inclusion of girls and minorities and improve the quality of services. There are three main activities in education: (a) improving quality in primary education based on the promotion of active learning in teacher training; (b) pre-primary or early learning through the development of materials, teacher training and policy dialogue; and (c) education for marginalized children, which will work to destigmatize children with learning disabilities and children from socially excluded groups, and include them in regular classrooms to the greatest extent possible. Youth development will strengthen school counselling, building on experience from the trauma project and expanding counselling services to include life skills and HIV/AIDS prevention.

22. Overall, health components will build on past implementation to complete the transfer of responsibility to national agencies. Health components will focus on: (a) continued support for efforts to improve maternal and infant health and nutrition, including breastfeeding promotion and baby-friendly hospitals; and (b) consolidation and transfer of responsibility for child survival activities for immunization and essential drugs to local governments. A separate emergency-funded project, with the World Health Organization (WHO) and other United Nations agencies, will improve access to and the quality of services in some war-affected areas to ensure equality of access to existing residents and returning displaced persons.

23. **Child protection**. Exploitation and violence remain serious protection issues, and UNICEF efforts will include three projects: social protection development, transformation of institutional care; and mine injury prevention. Social protection development has three components: (a) strengthening social welfare centres; (b) prevention of abuse and violence; and (c) juvenile justice, which will educate police and judicial institutions to better enforce protection legislation already in place. The transformation of institutional care consists of: (a) care of children in hospitals, which will build on past success to improve the treatment of children in all hospitals in the country; and (b) protection of children without parental care to provide alternatives to institutionalization. New mine awareness approaches oriented to community involvement, supplemented by media advocacy to complement existing

awareness activities in schools, are necessary to counteract recent increases in incidents and fatalities.

24. **Policy and advocacy development**. A new initiative will build on the MICS success and launch a series of studies and policy analysis seminars to influence the direction of donor and government policy and ensure linkages between child development and protection programmes. The programme shift to a strategy of capacity-building for self-reliance will be accompanied by greater advocacy and communication efforts. Advocacy for the Convention on the Rights of the Child will be expanded, as will be support for monitoring follow-up from the report to the Committee on the Rights of the Child. Communication will include activities for the development of programme support materials, in addition to further efforts to develop NGO media and mobilization capacity.

25. **Cross-sectoral costs** will cover the Banja Luka Office so that operations and liaison within the Republic of Srpska can continue effectively.

Monitoring and evaluation

26. An integrated monitoring and evaluation plan will be designed and involve the continual improvement of data collection, disaggregation and analysis. Data gaps will be identified, and efforts to fill these gaps and to monitor the corporate commitments in the medium-term strategic plan will be undertaken. Key indicators will include not only training completion, but also the utilization and impact of training, sustainability and evidence of policy development. The monitoring and evaluation functions will be incorporated into each programme, and efforts will be made to improve the capacities of programme officers and counterparts. Key projects, such as active learning and mine injury prevention, will undergo in-depth evaluations. The new country programme will also carefully monitor the situation of children in relation to the observations of the Committee on the Rights of the Child at a national level. Twice-yearly review meetings will be held with counterparts, as well as an MTR and an end-cycle review. Financial monitoring will be conducted quarterly for all projects. There will be an emphasis on results-based management, and the monitoring and evaluation role will be pivotal in providing evidence of impact.

Collaboration with partners

27. UNICEF will continue close collaboration with those United Nations agencies still operating in the country. Access to basic services will be planned and implemented in close cooperation with WHO and the United Nations Development Programme. The new programme will build on long cooperation with international NGOs, including the International Committee of the Red Cross, Save the Children and World Vision for education and mine awareness. Work with local NGOs will include Genesis and Moving Theatre for mine awareness, Lighthouse and Hi Neighbour for child rights advocacy, Medica Zenica for domestic violence, and Youth Against AIDS for young people's health and development. A UNICEF adviser on HIV/AIDS, funded by the Joint United Nations Programme on HIV/AIDS, is based in the Sarajevo office to assist programme development in Bosnia and Herzegovina.

Programme management

28. The UNICEF Area Representative for the Balkans will provide support and oversight to the Bosnia and Herzegovina office. Planning or coordinating bodies at the national or entity level are not sufficiently developed. Programme management and monitoring will be undertaken through arrangements specific to each programme, assisted by a liaison office in Banja Luka. Special efforts will be made to improve counterpart budget and financial management through training. Internally, the office will have monthly management review meetings. Funding of the country programme in the past has relied heavily on the Consolidated Appeal Process for South-eastern Europe, which will continue through at least 2002. The new funding strategy will involve direct contact with donors, with an emphasis on those contributing through past appeals.

TABLE

COUNTRY : BOSNIA & HERZEGOVINA
PROGRAME : 2002-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
CHILD DEVELOPMENT	450,000		450,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION	450,000		450,000	0	0	0	0	0	0	0	0	0	0	0	0	0
POLICY AND ADVOCACY DEVELOPMENT	531,000		531,000	0	0	0	1	0	0	1	0	0	1	365,831	0	365,831
CROSS-SECTORAL COSTS	450,000		450,000	0	0	0	0	0	0	0	1	0	1	0	106,166	106,166
TOTAL RR	1,881,000		1,881,000	0	0	0	1	0	0	1	1	0	2	365,831	106,166	471,997
OTHER RESOURCES :																
CHILD DEVELOPMENT		3,000,000	3,000,000	0	0	0	1	0	0	1	2	1	4	365,831	282,718	648,549
CHILD PROTECTION		4,100,000	4,100,000	0	0	0	1	0	0	1	1	2	4	365,831	238,291	604,122
POLICY AND ADVOCACY DEVELOPMENT		1,285,000	1,285,000	0	0	0	0	0	0	0	0	1	1	0	70,386	70,386
CROSS-SECTORAL COSTS		615,000	615,000	0	0	0	0	0	0	0	1	6	7	0	474,869	474,869
TOTAL OR		9,000,000	9,000,000	0	0	0	2	0	0	2	4	10	16	731,662	1,066,264	1,797,926
TOTAL RR & OR	1,881,000	9,000,000	10,881,000	0	0	0	3	0	0	3	5	10	18	1,097,493	1,172,430	2,269,923
SUPPORT BUDGET	Operating costs		826,845													
	Staffing			0	0	1	0	0	0	1	1	5	7	461,004	574,618	1,035,622
GRAND TOTAL (RR + OR + SB)				0	0	1	3	0	0	4	6	15	25	1,558,497	1,747,048	3,305,545
Number of posts and staff costs:																
Current programme cycle										9	6	21	36			
At the end of proposed programme cycle (indicative only)										4	6	15	25	1,558,497	1,747,048	3,305,545

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.